

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			8-8-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
Final Original	
101	1/51 2/21
102	1/52 2/22
103	1/53 2/23
104	1/54 2/24
105	1/55 2/25
106	1/56 2/26
107	1/57 2/27
108	1/58 2/28
109	1/59 2/29
110	1/60 2/30
111	1/61 2/1
112	1/62 2/2
113	1/63 2/3
114	1/64 2/4
115	1/65 2/5
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148	1/98 2/8
149	1/99 2/9
150	1/100 2/10

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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